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** CONTINUING DATA *****					
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 9	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
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